Edgemont UFSD
Business Office
300 White Oak Lane
Scarsdale, NY 10583
(914) 472-7767 fax (914) 472-6846

REGISTRATION PACKET:

- REGISTRATION AFFIDAVIT (4 PAGES)
- ENROLLMENT FORM FOR STUDENTS IN TEMPORARY HOUSING (3 PAGES)
- HOME LANGUAGE QUESTIONNAIRE (2 PAGES)
- NEW YORK STATE MIGRANT EDUCATION PROGRAM (2 PAGES)
- STUDENT INFORMATION/EMERGENCY CONTACT FORM
- RESIDENCY POLICY (3 PAGES)
- APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS/MILK (4 PAGES)

Edgemont Schools
Central Office
300 White Oak Lane
Scarsdale, NY 10583

Please check:
☐ Edgemont Resident
☐ Tuition
☐ Faculty

REGISTRATION AFFIDAVIT

The Edgemont School District requests that you complete this form to assist in making a correct determination as to your child's/children's eligibility to be enrolled as a student(s) *without payment of tuition* (Edgemont Resident), to review custody issues, and to obtain contact information so we can communicate with parents/guardians about educational matters affecting your children. The District reserves the right to verify all information supplied by you and to request additional information when we deem it appropriate. It is your responsibility to establish your child's/children's residency in the District (Edgemont Resident). Upon completion of a thorough review of your registration documents, you will be notified by the Registrar of your child's/children's enrollment status.

For a student or students who reside with their parent(s) or legal guardian(s) within Edgemont in an owned or rented premises, complete pages 1-4.

For a student or students who reside within Edgemont with a non-parent who has physical and legal custody of the student, complete pages 1-4 and provide a copy of the custody order from the court which granted custody.

For families in a temporary living situation, due to a loss of housing or result of economic hardship, please complete this entire form (pages 1-5) to the best of your ability.

Parent/Guardian #1: Last Name_____ First Name_____

Address_____ City, State and Zip Code_____

Telephone (Home)_____(Cell) _____(Work)_____

Email Address (#1)_____(#2)_____

Parent/Guardian #2: Last Name_____ First Name_____

Address_____ City, State and Zip Code_____

Telephone (Home)_____(Cell) _____(Work)_____

Email Address (#1)_____(#2)_____

How would you like mailings to be addressed? Examples: Mr., Mrs., Ms., Dr., etc.: _____

If parents live at separate addresses, please identify custodial parent (or fill in "Joint Custody" if applicable):
_____.

PROOF OF CUSTODY: If you, as a parent or guardian, are separated, divorced or have custody as the result of a court order or agreement, a fully executed copy of the court order or agreement must be submitted.

Edgemont Resident: ☐ Lease* ☐ Own ☐ Other

*Landlord's name, address and telephone number: _____

_____*Lease Start Date:_____ End Date:_____

*When your lease ends, a lease or lease-renewal letter, signed and dated by you and your Landlord, is required.

STUDENT INFORMATION

Please list ALL children currently residing in the household.

(#1) Child's Last Name_____**First Name**_____**MI**___

☐ **MALE** ☐ **FEMALE** Date of Birth____/____/____ Place of Birth_____

Child's Address_____

School Child Last Attended_____

Grade Level Child Last Attended_____

Census Data:

Race/Ethnicity (check all that apply):

___American Indian or Alaska Native
___Asian
___Black or African American
___Hispanic/Latino
___ Native Hawaiian or Other Pacific Islander
___ White
___ Multi-racial

(#2) Child's Last Name_____**First Name**_____**MI**___

☐ **MALE** ☐ **FEMALE** Date of Birth____/____/____ Place of Birth_____

Child's Address_____

School Child Last Attended_____

Grade Level Child Last Attended_____

Census Data:

Race/Ethnicity (check all that apply):

___American Indian or Alaska Native
___Asian
___Black or African American
___Hispanic/Latino
___ Native Hawaiian or Other Pacific Islander
___ White
___ Multi-racial

STUDENT INFORMATION (continued):

(#3) Child's Last Name_____ **First Name**_____ **MI**___

☐ **MALE** ☐ **FEMALE** Date of Birth____/____/____ Place of Birth_____

Child's Address_____

School Child Last Attended_____

Grade Level Child Last Attended_____

Census Data:

Race/Ethnicity (check all that apply):

- **___American Indian or Alaska Native**
- **___Asian**
- **___Black or African American**
- **___Hispanic/Latino**
- **___ Native Hawaiian or Other Pacific Islander**
- **___ White**
- **___ Multi-racial**

(#4) Child's Last Name_____ **First Name**_____ **MI**___

☐ **MALE** ☐ **FEMALE** Date of Birth____/____/____ Place of Birth_____

Child's Address_____

School Child Last Attended_____

Grade Level Child Last Attended_____

Census Data:

Race/Ethnicity (check all that apply):

- **___American Indian or Alaska Native**
- **___Asian**
- **___Black or African American**
- **___Hispanic/Latino**
- **___ Native Hawaiian or Other Pacific Islander**
- **___ White**
- **___ Multi-racial**

Parent/Guardian Comments:

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information or statements provided on this form (including any supporting documents and affidavits), I (we) give consent for the release of this form (including any supporting documents and affidavits) or any information contained in this form to the Edgemont School District, the Landlord, or any other third party in furtherance of the School District's investigation. I (We) will inform the District of any change of address within 30 days. I (We) understand that if the allegations contained in this form (including supporting documents and affidavits) are determined not to be true and accurate, I (we) will be held responsible for the payment of tuition to the District.

_____ _____

Date Parent /Guardian Signature

_____ _____

Home Phone # Parent /Guardian Signature

REGISTRATION CHECKLIST:

☐ **Certified Birth Certificate or baptism records *for each child***

If birth certificate or baptism records not available:

- ☐ **Passport**
- ☐ **Government issued I.D.**
- ☐ **Health or hospital records**
- ☐ **School Photo ID**
- ☐ **Other** _____

☐ **Parent Photo I.D.'s: valid driver's license or passport (both parents/guardians)**

☐ **Custody Papers (if applicable)**

Additional requirements for resident students:

☐ **Lease, deed, or signed Contract of Sale**

☐ **Con Ed bill or other utility bill**

☐ **Other**_____

Updated October 2015

OFFICE USE:

☐ Approved by Registrar ☐ Not Approved

☐ Entered by:_____ Date:_____ Initials_____

Edgemont Union Free School District

Student Information Form: 2026-2027

Student Name: _____ Gender: _____

Street Address: _____ Date of Birth: _____

City/State/Zip: _____ Grade: _____

Home Phone: _____

Race and Ethnicity Data *(required* by federal law):

Hispanic/Latino: YES ☐ NO ☐

Please check all that apply:

☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

How should we address mailings to your home? *(Mr. & Mrs. Smith, Dr. Jones, etc.)* _____

	Parent/Guardian #1	**Parent/Guardian #2**
Relationship to Child		
First Name		
Last Name		
Work Phone		
Cell Phone		
E-mail Address		

If one or both parents/guardians cannot be reached in an emergency, please provide the name of a relative and/or friend who is authorized to pick up your child and can authorize medical treatment.

	Emergency Contact #1	**Emergency Contact #2**	**Emergency Contact #3**
First Name			
Last Name			
Home Phone			
Work Phone			
Cell Phone			
Relationship to Student (grandparent, aunt, uncle, etc.)			

Please return this form to the office of the building principal even if there are no changes. If any of this information changes after you return this form, please send notification in writing to the principal of your child's school.

Edgemont Union Free School District

Student Information Form: 2026-2027

Name of local physician to call in case of an emergency: _____ Phone: _____

List other students living in your household:

	Name	Grade	School
1			
2			
3			
4			

FOR GRADES 7-12 ONLY

In case of an early dismissal *(please check one)*

☐ My Junior/Senior High School student can only be released to a parent/guardian or to one of the persons listed as an emergency contact. _____

☐ My Junior/Senior High School student can be released to go home.

☐ My Junior/Senior High School student can be released to an older sibling. _____
Sibling name

Please review the following policies of the school district:

* Release of Directory Information
* Media Release – See FERPA policy
* Pesticide Information
* Acceptable Use Policy
* Code of Conduct

They can be found on our web sites (www.edgemont.org, ehs.edgemont.org, gv.edgemont.org, or sp.edgemont.org). If you would like to receive a printed copy of these policies, please contact the central office at 472-7768.

I have reviewed all of the above-mentioned policies.

I further certify that the information on this form is correct.

Parent/Guardian Name(Please Print) _____

Parent/Guardian Signature _____ Date: _____

It is the policy of the Edgemont UFSD to send duplicate mailings, if requested, to non-custodial parents/guardians except in the case of a court order prohibiting same.

Please return this form to the office of the building principal even if there are no changes. If any of this information changes after you return this form, please send notification in writing to the principal of your child's school.

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit https://www.nysteachs.org/liaisons

District or LEA	**School Name**

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Providing it will not affect your immigration status or your eligibility for enrollment or other services.

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X = Nonbinary	Student Date of Birth (Month/Day/Year)
Parent/Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate.** Check every box that describes where **the student** is residing right now.

☐ Permanent housing: you own or rent a fixed, regular, and adequate home

☐ Doubled up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason

☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____

☐ In a hotel or motel because there is no other alternative, adequate place to stay

☐ In a car, park, campsite, bus or train station, abandoned building, or another place not meant for stable habitation or established dwelling.

☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in

☐ Displaced by a fire, flood, natural disaster, or other emergency

☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

_____

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** Eligibility: Eligible Not Eligible Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

_____

_____

_____

_____

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH:

Month *Day* *Year*

GENDER:
☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other _____ *specify*	
2. What was the first language your child learned?	☐ English	☐ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	☐ Mother _____ *specify*	☐ Father _____ *specify*	
	☐ Guardian(s) _____ *specify*		
4. What language(s) does your child understand?	☐ English	☐ Other _____ *specify*	
5. What language(s) does your child speak?	☐ English	☐ Other _____ *specify*	☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other _____ *specify*	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other _____ *specify*	☐ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School *Address*

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

*Yes** ☐ *No* ☐ *Not sure* ☐ **If yes, please explain:* _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ☐ **No** ☐ **Yes*** **Please complete 10b below*

10b. *If referred for an evaluation, has your child ever *received* any special education services in the past?
☐ **No** ☐ **Yes – Type of services received:** _____

Age at which services received *(Please check all that apply):*
☐ **Birth to 3 years (Early Intervention)** ☐ **3 to 5 years (Special Education)** ☐ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ☐ **No** ☐ **Yes**

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year: _____
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ☐ **Mother** ☐ **Father** ☐ **Other:** _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ NO ☐ YES

DATE OF INDIVIDUAL INTERVIEW: _____ (MO DAY YR)

OUTCOME OF INDIVIDUAL INTERVIEW:
☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO DAY YR)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

FAXED BY _____ DISTRICT_____

NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Every Student Succeeds Act (ESSA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Have you or has someone in your family worked on a farm?
Have you moved during the past three years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____City/Town_____

Telephone number: (____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

To submit this referral please fax to 845-257-2953 or mail to Mid-Hudson Migrant Education Program-353 VH Annex 1 Hawk Drive New Paltz, NY 12561

FAXED BY _____ **DISTRICT** _____

PROGRAMA DE EDUCACIÓN PARA MIGRANTES DEL ESTADO DE NEW YORK

OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Ley Cada Estudiante Triunfa (ESSA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, sin importar su nacionalidad o estado legal. Este programa es gratuito para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito, excursiones, programa de verano, actividades de envolvimiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o alguien en su familia ha trabajado en la agricultura?
¿Se han mudado durante los últimos 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.





Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____ Ciudad_____

Teléfono: (____)-_____-_____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad_____ Grado_____

Nombre del estudiante: _____ Edad_____ Grado_____

Para someter este referido, por favor envíelo por fax a 845-257-2953, o por correo a Mid-Hudson Migrant Education Program- 353 VH Annex – 1 Hawk Drive New Paltz, NY 12561

Edgemont Union Free School District

POLICY

7200

RESIDENT AND NON-RESIDENT STUDENTS

Being a taxpayer in this District does not automatically entitle the taxpayer to register a child in this District unless the child meets all residency requirements in paragraph A below. Residency is defined to include both physical presence in the District and intent to remain in the District.

Resident students

A. A resident student is one who (i) actually resides full in a home within the boundaries of the Edgemont School District ("the District") and, unless the student is an emancipated minor, is under the total and permanent care, custody, and control and/or legal custody or control of one or more of the adult members of that household (each, a "Parent" or "Guardian," as the case may be) and (ii) intends to remain in the District. In the case of a child who is the subject of a joint custody award, the child must reside at least 50% of the Edgemont academic year with such custodian who is an adult residing full time within the boundaries of the District. The word "resides" above means: lives, sleeps and otherwise spends most of the non-school hours of Edgemont's academic year in said house or apartment. Different rules will apply to homeless, undocumented and/or unaccompanied children, under appropriate circumstances (7230; 7230-R). If a child is placed in a family/foster home by a social services agency of the New York State Department of Health, and that home is located within the boundaries of the District, the child may be admitted to the District's school. Full tuition shall be paid in accordance with New York State Education Law, Section 3202, Subdivision 4 by the school district in which the child formerly resided (in which the child's parent or person in parental control resides).

B. All resident students of the District who reach the age of five by December 31st of that calendar year shall be entitled to enroll as students in the District. All persons seeking to register students in this District will be required to furnish (1) proof of residency (lease, deed, or signed contract of sale, and a utility bill); (2) proof of the child's age; (3) photo identification of Parent(s)/Guardian(s); and (4) completed residence application available in the District office or on the district website www.edgemont.org. The District reserves the right to verify the factual assertions made on behalf of the student and to require additional information or documents based on the information provided. Affidavits dealing with the facts surrounding residency, care, custody, control and support may be required. In the cases of homeless, undocumented and/or unaccompanied children, it is understood that some documentation may not be available at the time of proposed enrollment, or may not be available at all. In such cases, a student will be enrolled immediately as set forth in policies 7230 and 7230-R.

The District shall not request or require a Social Security card or number, or any information which would tend to reveal the immigration status of the child, the Parent, or the person in parental relation, in any forms, meetings or other communication, at the time of and/or as a condition of enrollment.

C. If a child, who is or will be living with a person other than his/her Parent(s)/legal Guardian(s), is presented for admission to the District, evidence must be provided that the person with whom the child is or will be living has total and permanent care, custody, and control of the child; that the child is supported by him or her; and why he or she has assumed such care, custody and control. In such cases, the person and (provided they are available to do so) the Parent(s)/legal Guardian(s) must each complete, sign and notarize affidavits that will be provided by the District, unless the person provides a judicial custody order granting or otherwise awarding said person custody or legal guardianship of said child. Different rules will apply to homeless, undocumented and/or unaccompanied children, under appropriate circumstances (7230, 7230-R).

D. Students who have met residency status as defined in paragraph A above and who will be temporarily displaced from their home due to a renovation, either planned or unplanned and relocate temporarily outside of the District shall be entitled to continue tuition free for a period of three months under the following conditions:

1. Resident student status has been established for at least one calendar year prior to the date of displacement;
2. Taxpayer is and remains current on all property taxes;
3. Renovations are on the home for which residency has been established;
4. Re-occupation of said house or apartment is imminent, Parent(s)/Guardian(s) sign a statement to that effect and commit to pay tuition on the first day following the tuition-free period (less any pre-paid taxes) if said re-occupation has not occurred by that date;
5. Extensions of the three month tuition free period may be granted upon good cause shown, and documentation as requested, to the District;
6. Any transportation required by law to be provided by the District to any child enrolled in any private and/or parochial school outside of the District will be provided only when residency within the District has been re-established;
7. Property taxes must be assessed and timely paid at no less than 90% of the rate paid the previous year on said house or apartment;

Paragraph D was created with the intention of preventing abuse of the residency requirement. Exceptions to this policy will be considered on a case by case basis and should be presented to the District office for consideration in advance of commencing residence outside of the District. Different rules will apply to homeless students who are temporarily displaced due to loss of housing, economic hardship, or similar reasons as outlined in Policy 7230.

<u>Non-resident students</u>

E. A non-resident student is a child who does not meet the definition in paragraph A.

F. Non-resident students will only be accepted for enrollment only on a tuition basis as set out in the Board's policy 7210, except as may otherwise be approved by Edgemont's Board of Education.

G. Non-resident children who are in Edgemont for brief periods of time such as while on vacation, or while en route to another permanent domicile, shall not be accepted for enrollment in this district.

H. Non-resident adult members of households who purchase, rent or lease a house or an apartment in this district, but have not yet actually resided (as defined in paragraph A, above) in said home, shall be entitled to enroll their child or children in this District for two calendar months tuition free, on condition that occupation of said home is imminent. Further, this two-month tuition free period of attendance will be permitted provided that, prior to the child's attendance, the Parent(s)/Guardian(s) sign a statement that occupation is imminent and commit to pay tuition effective the first day of the third month of the child's enrollment during the period of non-residency, if said occupation has not occurred by that date.

I. Any transportation required by law to be provided by the District, to any child or children enrolled in any private and/or parochial school outside of the District, will be provided only when residency (see paragraph A) within boundaries of the District has been established.

J. A non-resident adult whose child has been accepted on a tuition basis and who pays school taxes on residential Edgemont property that is habitable or actively under renovation in the District shall be entitled to a tuition credit for Edgemont school taxes paid for the applicable school year, on a pro-rated basis, so long as the property remains unoccupied by other(s). In no instance will the credit exceed the amount of the tuition due.

K. If tuition is not paid within thirty days of the date the bill is postmarked or emailed, the non-resident student may be excluded from attendance without notice.

L. Any non-resident adult who violates this policy (e.g., represents that his or her child is an Edgemont resident when such child is not) will be obligated to pay tuition immediately, at the then applicable tuition rate, for all time that such child attended an Edgemont school as well as all costs incurred by the district in investing and ascertaining such child's residency status.

Revised Policy Adopted: January 25, 2011
Presented to Board of Education: November 4, 2014
Adopted on: January 27, 2015
Revised policy presented for discussion at the July 10, 2018 Board of Education meeting
Revised policy adopted at the August 7, 2018 Board of Education meeting
Further revised policy presented for discussion at the September 25, 2018 Board of Education Meeting
Further revised policy adopted at the October 9, 2018 Board of Education Meeting
Further revised policy adopted at the July 1, 2021 Board of Education Meeting

Date Withdrew_____ F _____ R _____ D_____

2025-2026 Application for Free and Reduced-Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back. Complete only one form for your household, sign your name and return it to the address listed below. Call (914) 472-7767, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: Bryan Paul
300 White Oak Lane
Scarsdale, NY 10583

or

via email to:
bpaul@edgemont.org

1. List all children in your household who attend school:

Student Name	School	Grade	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).
List all Household members not listed in Step 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __ I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino
Race (Check one or more): ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official _____ **Date Notice Sent:** _____

APPLICATION INSTRUCTIONS

To apply for free and reduced-price eligibility, complete only one application for your household using the instructions below. Sign the application and return the application to Bryan Paul via mail or email (contact information on page 1). If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call 914-472-7767 if you need help. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Bryan Paul

Title: Assistant Superintendent for Administration & Business

Telephone Number: 914-472-7767

Email: bpaul@edgemont.org

2025-2026 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

Free Eligibility Scale						Reduced Price Eligibility Scale					
Free Lunch & Milk						Reduced Price Lunch					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$ 20,345	$ 1,696	$ 848	$ 783	$ 392	1	$ 28,953	$ 2,413	$ 1,207	$ 1,114	$ 557
2	$ 27,495	$ 2,292	$ 1,146	$ 1,058	$ 529	2	$ 39,128	$ 3,261	$ 1,631	$ 1,505	$ 753
3	$ 34,645	$ 2,888	$ 1,444	$ 1,333	$ 667	3	$ 49,303	$ 4,109	$ 2,055	$ 1,897	$ 949
4	$ 41,795	$ 3,483	$ 1,742	$ 1,608	$ 804	4	$ 59,478	$ 4,957	$ 2,479	$ 2,288	$ 1,144
5	$ 48,945	$ 4,079	$ 2,040	$ 1,883	$ 942	5	$ 69,653	$ 5,805	$ 2,903	$ 2,679	$ 1,340
6	$ 56,095	$ 4,675	$ 2,338	$ 2,158	$ 1,079	6	$ 79,828	$ 6,653	$ 3,327	$ 3,071	$ 1,536
7	$ 63,245	$ 5,271	$ 2,636	$ 2,433	$ 1,217	7	$ 90,003	$ 7,501	$ 3,751	$ 3,462	$ 1,731
8	$ 70,395	$ 5,867	$ 2,934	$ 2,708	$ 1,354	8	$ 100,178	$ 8,349	$ 4,175	$ 3,853	$ 1,927
Each Add'l person, add	$ 7,150	$ 596	$ 298	$ 275	$138	Each Add'l person, add	$ 10,175	$ 848	$ 424	$ 392	$ 196

Reminders:

BOTH above income eligibility scales should appear in the Public Announcement/release to the media

ONLY the reduced-price income eligibility scale can appear in the Letter to Parents (for those schools participating in the National School Lunch or Breakfast Program)

ONLY those schools that participate in the Special Milk Program and offer Free Milk can publish the Free Eligibility Scale in both the Public Announcement and the Letter to the Parent

Incomes indicated on the free and reduced-price income eligibility scales are maximum amounts.